

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26	1					
27						
28						
29						
30						
31						
32						
33						
34		1				
35	1					
36	1					
37	1					
38		1				
39		1				
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	15					
Total Depend	27					
Total Claims	32					